Commonwealth of Massachusetts

Executive Office of Health and Human Services

State Innovation Model Overview

6/25/2013

Agenda

- Health reform and the State Innovation Model proposal
- Overview of projects
- Next steps

Massachusetts' Overarching Vision of Reform

Reduce overall health care costs while ensuring accessible, quality, affordable health care for the Commonwealth's residents by:

System redesign

⇨ *Redesigning the health care system* to an integrated model in order to deliver higher quality, coordinated, person-centered care

Payment Reform

⇨ Aligning payment methods with desired outcomes through *payment reform*

Consumer Engagement

⇨ *Promoting consumer engagement* in health care decision-making, and through wellness initiatives

Vision: Improved Affordability, Accessibility, and Quality of Health Care

State Innovation Models opportunity

- Competitive funding opportunity for states to design and test multi-payer payment and delivery models that deliver high-quality health care and improve health system performance
- Two types of awards:
    - "Model design": For states to create a State Health Care Innovation Plan (a state proposal to transform its health care delivery system)
    - **"Model testing": For states that are "ready to implement a multipayer model in the context of a State Health Care Innovation Plan"**
- Because of Massachusetts' progress on cost containment, quality improvement, and system redesign in the public and private sector and the passage of Ch. 224, the Commonwealth submitted a "Model Testing" proposal

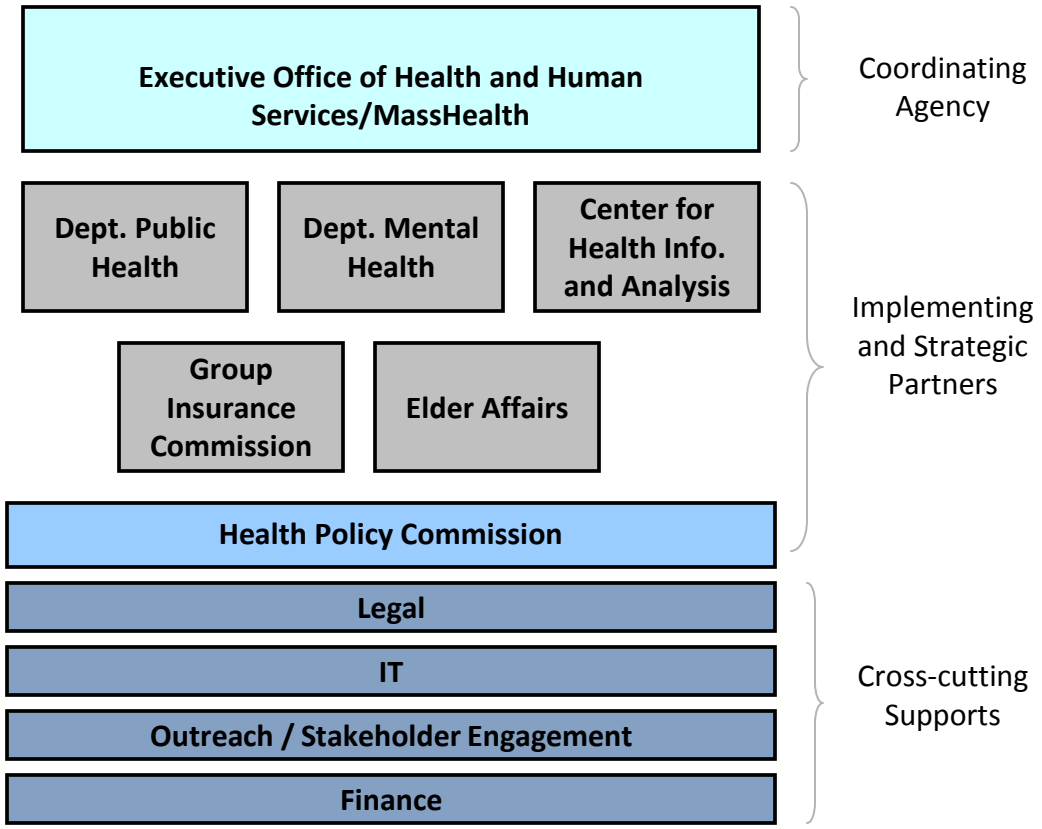
Proposal requirements

- Proposal must have potential to benefit Medicare, Medicaid, and CHIP populations, and must include multi-payer participation, provider engagement, and stakeholder support
- CMS defined allowable costs, such as costs related to technical resources, evaluation, data collection, collaborative learning

Application timeline

- Application submitted September 2012
- Awards announced in February 2013
- Massachusetts awarded $44 million over 3.5 years
- Implementation phase April 1, 2013 through September 30, 2013

Participants and Organization



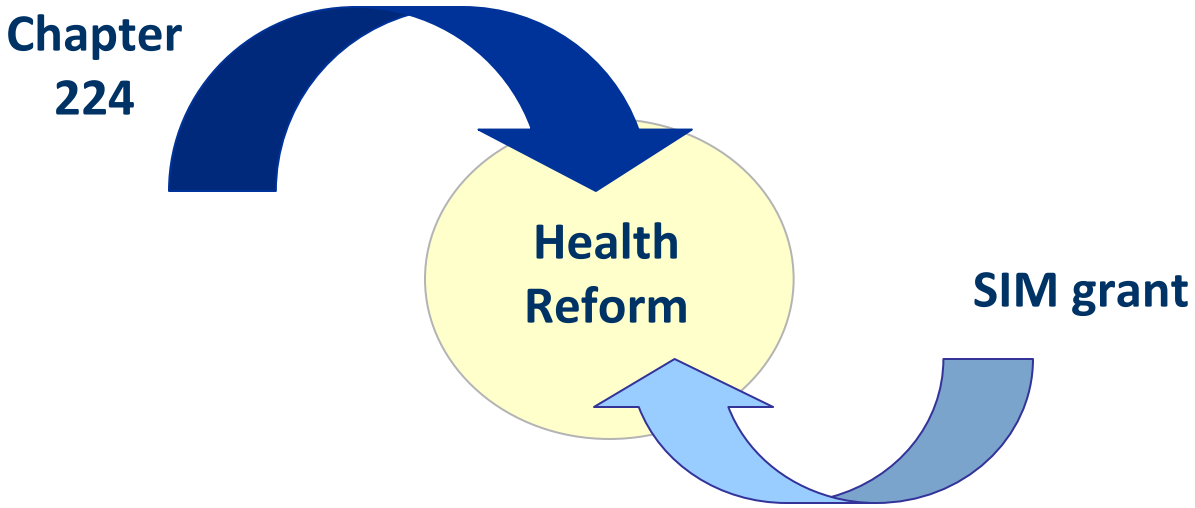
SIM and Chapter 224

- Chapter 224 defines a clear vision for health reform in the state and provides tools to achieve that vision
- SIM supports and accelerates progress, by, for example:

  -Supporting transition to alternative payments

  -Strengthening IT infrastructure

  -Building on initiatives to align on quality measurement



Our State Innovation Model

What is our goal?	How do we do it?	How does SIM help us get there?
The Triple Aim: Better population health, better experience of care, lower costs	**Payment Reform**	• Medicaid's Primary Care Payment Reform Initiative • The Group Insurance Commission's value based purchasing initiative
	Delivery system transformation	• Provider portal on the APCD • Adoption of the Health Information Exchange • Data infrastructure for LTSS Providers • Electronic referrals to community resources • Access to pediatric behavioral health consultation • Linkages between primary care and LTSS • Technical assistance to primary care providers • HIE functionality for quality reporting
	Cost and quality accountability	• Statewide quality measurement and reporting • Payer and provider focused learning collaboratives • Rigorous evaluation

Overview of SIM Projects

Goals

- Provide overview of proposed projects
- Define goals for implementation period
- Obtain stakeholder feedback

Primary Care Payment Reform

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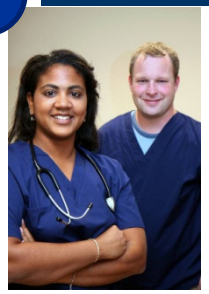
Primary Care Payment Reform: Overview

- The goal of our strategy is **improving access, patient experience, quality, and efficiency through care management and coordination and integration of behavioral health**
- We believe that **primary care is important** in improving quality and efficiency while preserving access, **through the patient centered medical home** with integrated behavioral health services
- The payment mechanism that supports that delivery model is a **comprehensive primary care payment combined with shared savings +/- risk arrangement and quality incentives**
- **This program would span MassHealth managed care lives across the Primary Care Clinician (PCC) Plan and the Managed Care Organizations (MCOs).** We have launched a procurement for PCCs to participate in the program and MCOs will participate in a similar payment structure with these organizations.
- We plan to implement on an aggressive timeframe, **going live in October 2013, with 50% of members participating in one year and 80% in two years**

Primary Care Payment Reform: Payment Structure

A



Comprehensive Primary Care Payment

- Risk-adjusted capitated payment **for primary care services**
- May include some behavioral health services

B

Quality Incentive Payment

- Annual incentive for quality performance, based on primary care performance

C

Shared savings payment

- Primary care providers share in savings on **non primary care spending**, including hospital and specialist services

The payment structure will not change billing for non-primary care services (specialists, hospital); PCP's will not be responsible for paying claims for these services. However, we are evaluating complementary alternative payment methodologies to hospitals and specialists for acute services.

Primary Care Payment Reform: Grant Activities

- Analytic and program support for PCPR
  - Actuarial support
  - Risk adjustment
  - Data analytics
  - Program management
- Technical assistance for primary care providers
  - Analytics
  - Practice transformation
  - Population health management
  - Primary care and behavioral health integration
- HIE functionality for quality reporting
  - HIE establishing a quality data repository

Group Insurance Commission

Commonwealth of Massachusetts
Group Insurance Commission

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GIC Value-Based Purchasing Initiative Overview

Commonwealth of Massachusetts
Group Insurance Commission

The Group Insurance Commission (GIC) is the state agency providing benefits to state employees, retirees and their survivors and dependents

Objectives of this initiative:

- To encourage payer transition in payment reform under an Integrated Risk Bearing Organization (IRBO) model
- To assure quality of care and confirm effectiveness under these new delivery models

GIC's Medical Plan Procurement

Commonwealth of Massachusetts
Group Insurance Commission

- Contracts cover a 5-year period, starting July 1, 2013 (FY14)
- Key objective: Accelerate health care reform and comply with intent of Ch. 224 by shifting more risk to carriers (and from them, in turn, to providers)
- IRBO development milestones/penalties seek to facilitate carrier recontracting with providers and focus on more efficient health care delivery models
- Budget targets, with up/down-side risk, in each of 5 years (2%/FY14; 2%/FY15; 0%/FY16; -2%/FY17; -2%/FY18)

GIC Value-Based Purchasing Initiative Grant Activities

Commonwealth of Massachusetts
Group Insurance Commission

- Efficiency Analysis – Conducted annually, this study will utilize the GIC's existing Clinical Performance Improvement Initiative's efficiency structure to compare the efficiency of ACOs, utilizing Episode Treatment Groups.
- Provider Practice Study – In last two years of grant, conduct study to ensure providers are not under-treating patients.

Provider Portal on the APCD

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Provider Portal on the APCD: Overview

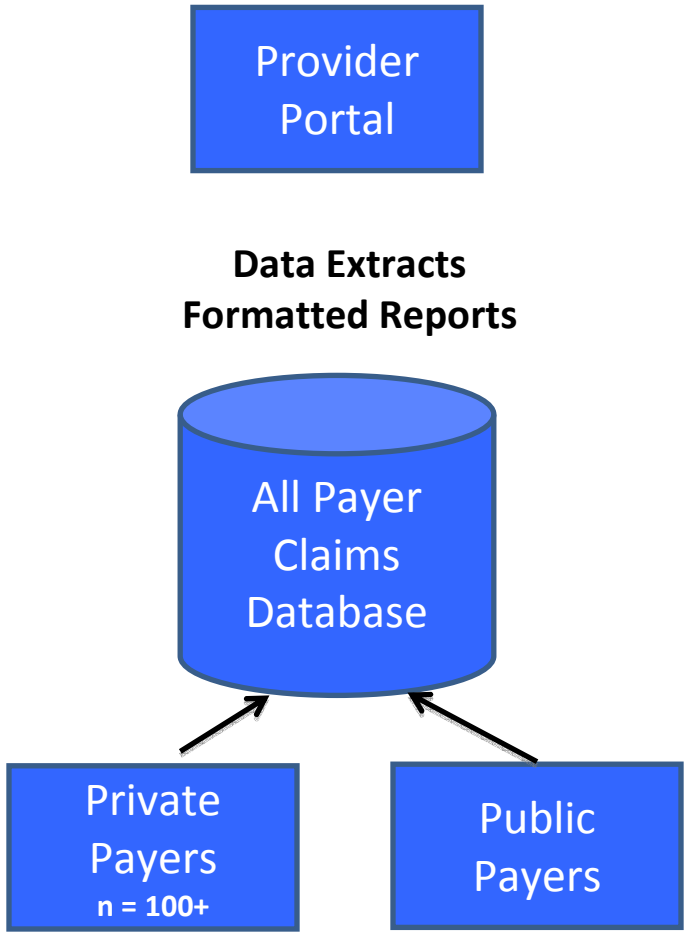
Center for Health Information and Analysis

What is it?

- All payer (public and private)
- Data (extracts) or profile reports
- Electronically delivered
…possibly through HIE

Issues requiring input from stakeholders include:

- Report design/requirements
- Peer groups/benchmarking
- Physician relationships
- Patient attribution
- Consent



Provider Portal on the APCD: Grant Activities

Center for Health Information and Analysis

Implementation Phase

- Information systems and data collection set-up
  - Architecture
  - Systems design
  - Capacity review
  - Integrated internal planning for implementation
- Outreach Communications Plan
  - Providers
  - Large & small provider groups
  - Advocacy organizations

Adoption of the Health Information Exchange

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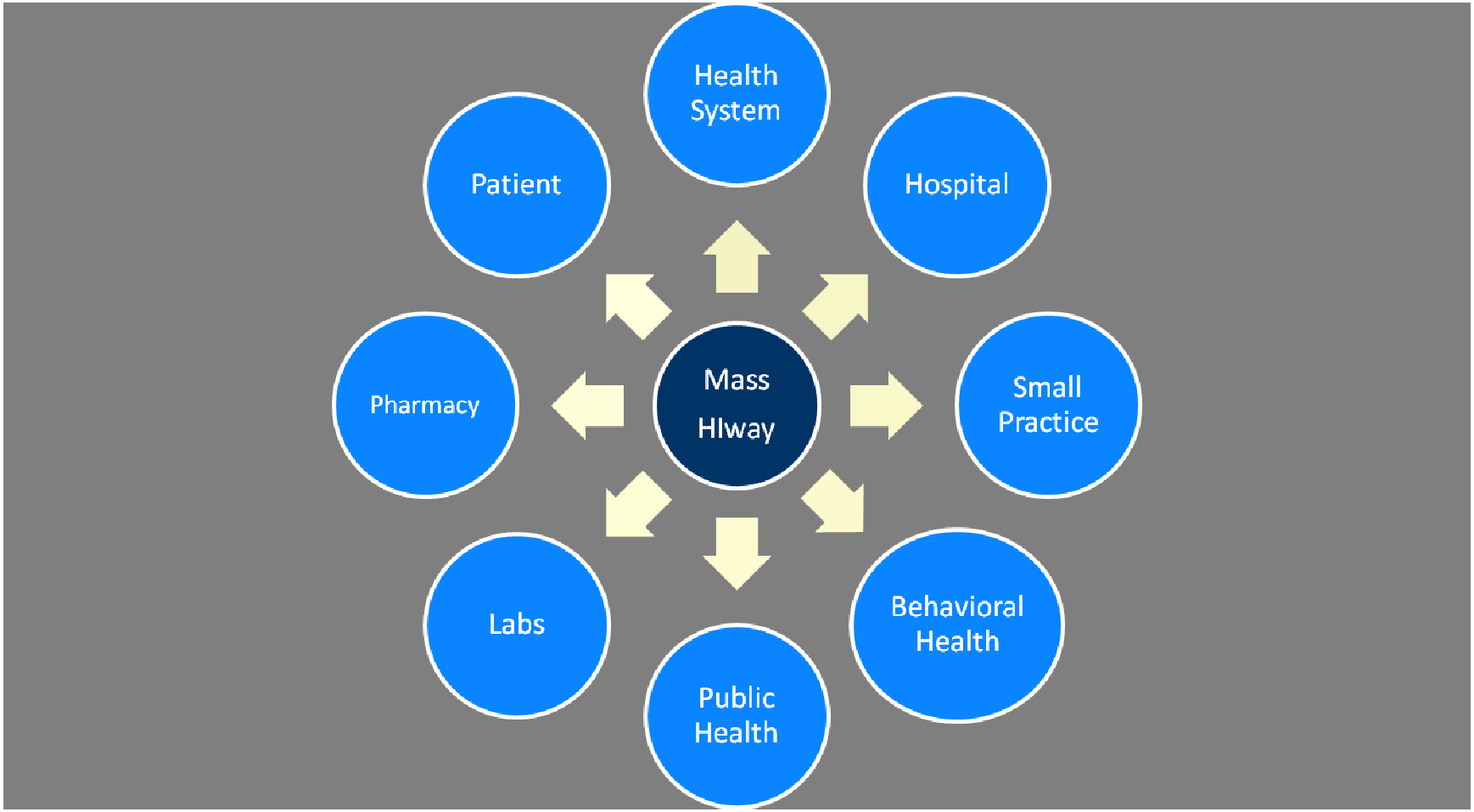
Adoption of the Health Information Exchange: Overview

Mass HIway serves as the Hub for Health Information Exchange



Adoption of the Health Information Exchange: Grant Activities

- Incentive programs to assist providers to adopt health information technology have not primarily focused on behavioral health providers
- Helping behavioral health providers to connect to the Mass HIway will help facilitate the exchange of clinical information between behavioral health and physical health providers
- In implementation phase, focus is to identify target providers and prepare outreach plan
- Propose to initially focus on providers involved with PCPR with ultimate goal for all behavioral health providers in Massachusetts to adopt technology

Long Term Services and Supports

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LTSS Overview: SIMS, not SIM

What is SIMS?

- SIMS stands for Senior Information Management System

- ELD's system-of-record for the home care program.

- A centralized database and suite of applications linking ELD to its operating partners.

Why?

- Facilitate a coordinated service delivery network of home and community-based care.
- Up-to-date & timely information
  - for quality, efficient operations, decision-making, reporting

How? SIMS identifies & tracks:

- Who received services
- When they received them
- What they exactly received
- Where they received them
- Who provided the services
- What the services cost

LTSS Overview: Who uses SIMS?

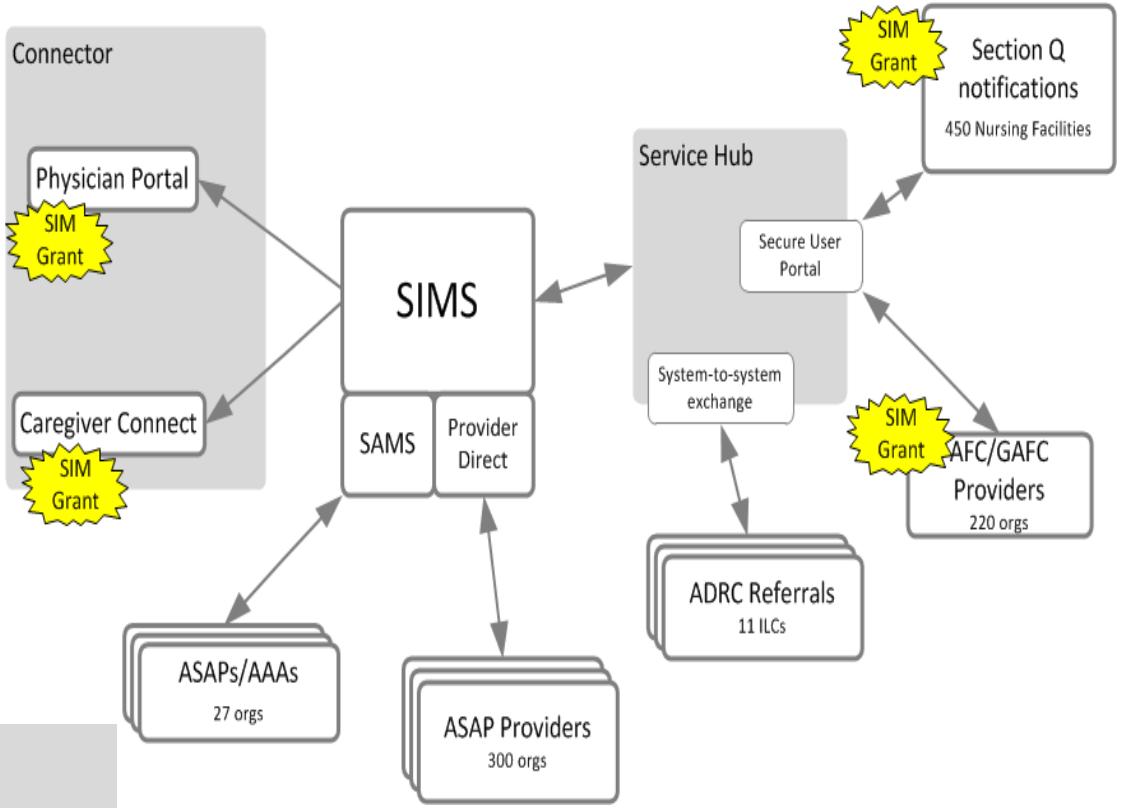
- **Principal organizations & user communities**
  - ASAPs: Aging Services Access points.
  - AAA: Area Agencies on Aging
  - ADRC: Aging Disability Resource Consortia
    - 2-way referral data exchange with ILCs (Independent Living Centers)
  - Medical professionals
  - Families & Caregivers
  - I&R professionals in the Aging Network
    - ASAPs manage statewide resource database
  - Analysts & researchers

- **Sub-contracted service providers for**
  - Homemaker, Personal Care
  - Congregate Meals
  - Home Delivered Meals
  - Skilled Nursing
  - Laundry
  - Transportation
  - Lots more

- **Programs tracked in SIMS**
  - State Home care
  - Frail Elder Waiver
  - CAE: Clinical Assessment & Eligibility
  - NAPIS: program administered by Administration for Community Living
  - Adult Protective Services
  - Ombudsman Programs
    - Long Term Care, Assisted Living Residence, Community Care
  - MFP: Money Follows the Person
  - CCTP: Community-based Care Transitions Program
    - ACA Section 3026
  - ASAP Local programs
    - Vendor management for SCO, PACE, GAFC (but not MassHealth invoicing)
    - Local grants & initiatives

4 projects for SIM Grant

1. Physician Portal
2. Caregiver Connect
3. Section Q
4. AFC/GAFC Determinations Streamline



Shared goals:

•to **enhance care coordination** and strengthen linkages between under-connected communities by **improving communications**

•**improve efficiencies** of service delivery.

Access to pediatric behavioral health consultation: Massachusetts Child Psychiatry Access Project (MCPAP)

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Massachusetts Child Psychiatry Access Project (MCPAP): Overview

- Key element of SIM Project's primary care/behavioral health integration activities
- MCPAP Model: Through a statewide network of regionally-based child psychiatry consultation teams, MCPAP supports access to mental health services for children in primary care settings
- MCPAP regional teams provide telephone-based physician-to-physician consultations between a pediatrician and psychiatrist, and access to a referral network for community resources for the mental health treatment of children
- Outcome: By enhancing the ability of pediatricians to address children's mental health needs, this service mitigates the shortage of child psychiatrists
- MCPAP is funded by the Department of Mental Health (DMH)

Massachusetts Child Psychiatry Access Project: Grant Activities

- Expand real-time access to psychiatrists via telephone to full-time coverage with response time within 30 minutes.
- Increase utilization of MCPAP among primary care providers
- Enhance MCPAP's ability to meet the substance abuse needs of adolescents
- Develop sustainability strategies for MCPAP

Electronic referrals to community resources (e-Referral program)

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e-Referral Program: Overview

The concept of creating a bi-directional electronic referral is not new:

- In 2008, Frieden and Mostashari listed twelve key features that would be necessary for a system of electronic health records to function as effectively as possible.* Of the 12 features, only "Linking EMRs to Community Resources" has had no forward movement.

- In 2010, MA DPH and NH DOH sponsored a project to create electronic referrals to the Tobacco Quitline using a proprietary software, www.health-e-link.net

- For this project, the wide array of community resources underscores the importance of a flexible translator model for communication

*Cite: Frieden TR and Mostashari F. Health Care as if Health Mattered. JAMA, February 27, 2008, Vol 299, No. 8, 950-952.

e-Referral Program: Grant Activities

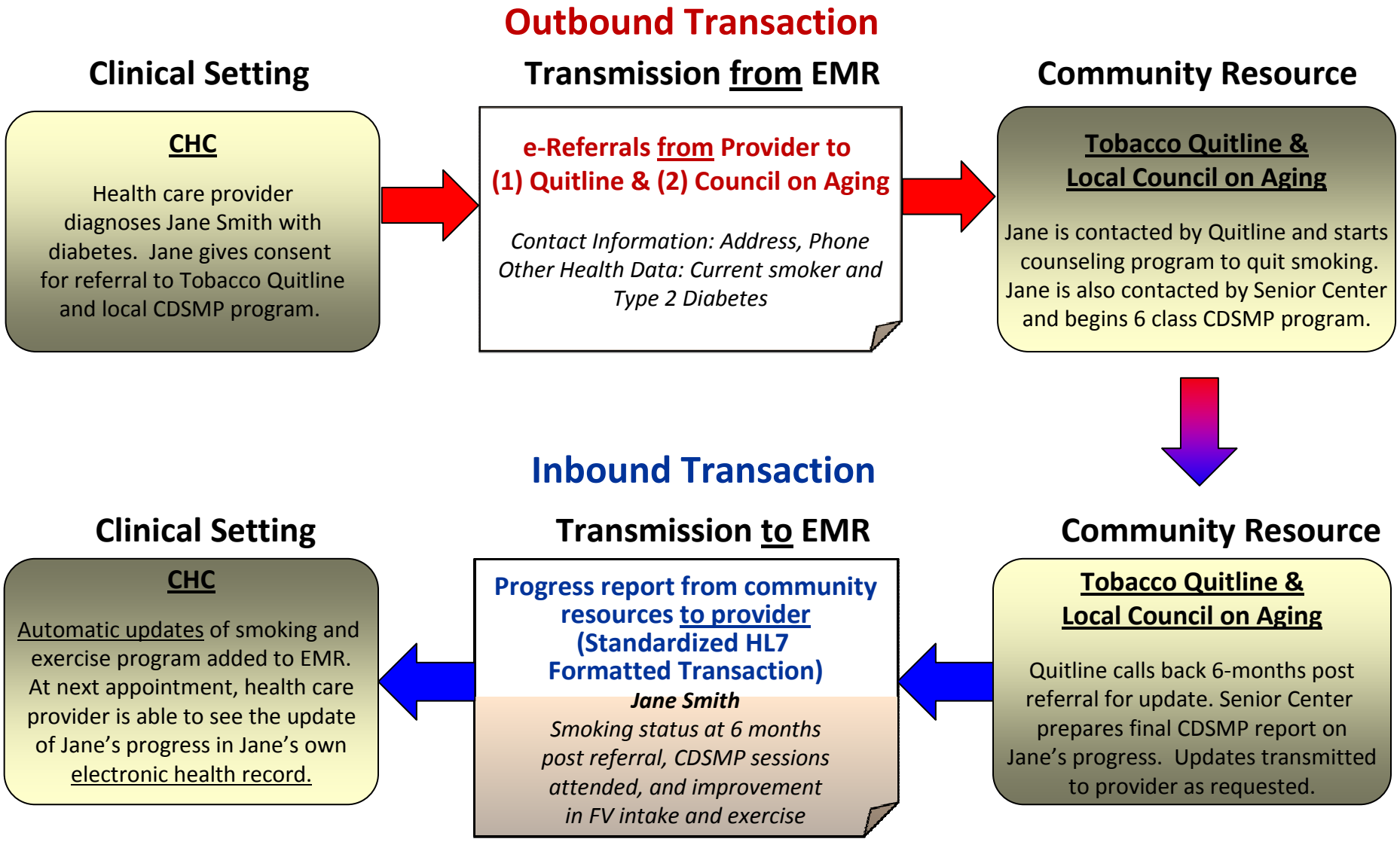
As part of the MA SIM grant, MDPH submitted a proposal to create an open-source, bi-directional, vendor-neutral, electronic referral program that would enable electronic community-clinical linkages as part of the overall SIM grant

- The Massachusetts League of Community Health Centers are our primary clinical partners
  - Their CHIA DRVS data system will allow us to evaluate the impact of the e-Referral program both on referrals to community resources as well as health outcomes
- Funding provides IT support and necessary staff for both clinical and community resources

- Our initial pilot sites would be 3 CHCs affiliated with the Mass League who are on CHIA DRVS and four community resources such as: Tobacco Quitline, Councils on Aging/Senior Centers (Stanford Chronic Disease Self-Management Programs), VNAs, YMCAs

- Part of grant includes a roll-out plan to make software available state-wide resulting in more providers using e-Referrals across additional types of community resources

e-Referral Program: Example of bi-directional referral



Quality, evaluation and learning

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Quality, evaluation and learning: Overview

- Evaluation and dissemination of best practices are a key focus for CMS
- Anticipates developing learning collaboratives in partnership with other payers
- Proposes funding for collecting survey data on the experience of care among Medicaid and Medicare members, to be incorporated into existing multi-payer datasets
- Includes collaboration with a federal evaluator and compliance with federal evaluation requirements
- Collaboration with Center for Health Information and Analysis and the Health Policy Commission will be essential

Next steps

Next steps

- Operational plan due to CMS by August 1, 2013
- Implementation phase ends September 30, 2013

- For more information:
  - http://innovation.cms.gov/initiatives/state-innovations/
  - http://www.mass.gov/eohhs/gov/commissions-and-initiatives/state-innovation-model-grant.html
  - SIMgrant@state.ma.us